



GLOBAL TASK FORCE ON  
**CHOLERA CONTROL**

# WASH FOR CHOLERA CONTROL AND ELIMINATION

WASH Working  
Group

*Annecy, 13.6.2018*

# WASH WG PRIORITIES

Considerable Challenge: Provision of **sustainable WASH services**

- Enabling environment: political commitment and alignment across multiple stakeholders
- Resources: predictable and adequate investment over time
- Social and behaviour change: action at community level

## Ongoing work

1. Contributions to multi-sectoral efforts of the GTFCC (Framework for National Cholera Plans; Investment Case; Cholera Control Requests; Advocacy; Resource Mobilization etc.)
2. Development of research agenda in regard to WASH and cholera
3. Specific pieces of advocacy – Showcase at Stockholm World Water Week

# RECOMMENDED WASH APPROACHES & INTERVENTIONS

## **In outbreak situations:**

- 1) Support to health facilities (incl. Cholera Treatment Centres/Units)
- 2) Targeted interventions with focus on patients' households, caretakers and direct neighbours (Rapid Response Teams, where feasible)
- 3) Community-level WASH response in affected and at-risk communities (chlorination, social mobilization)
- 4) Identification of key risk factors in affected and at-risk areas

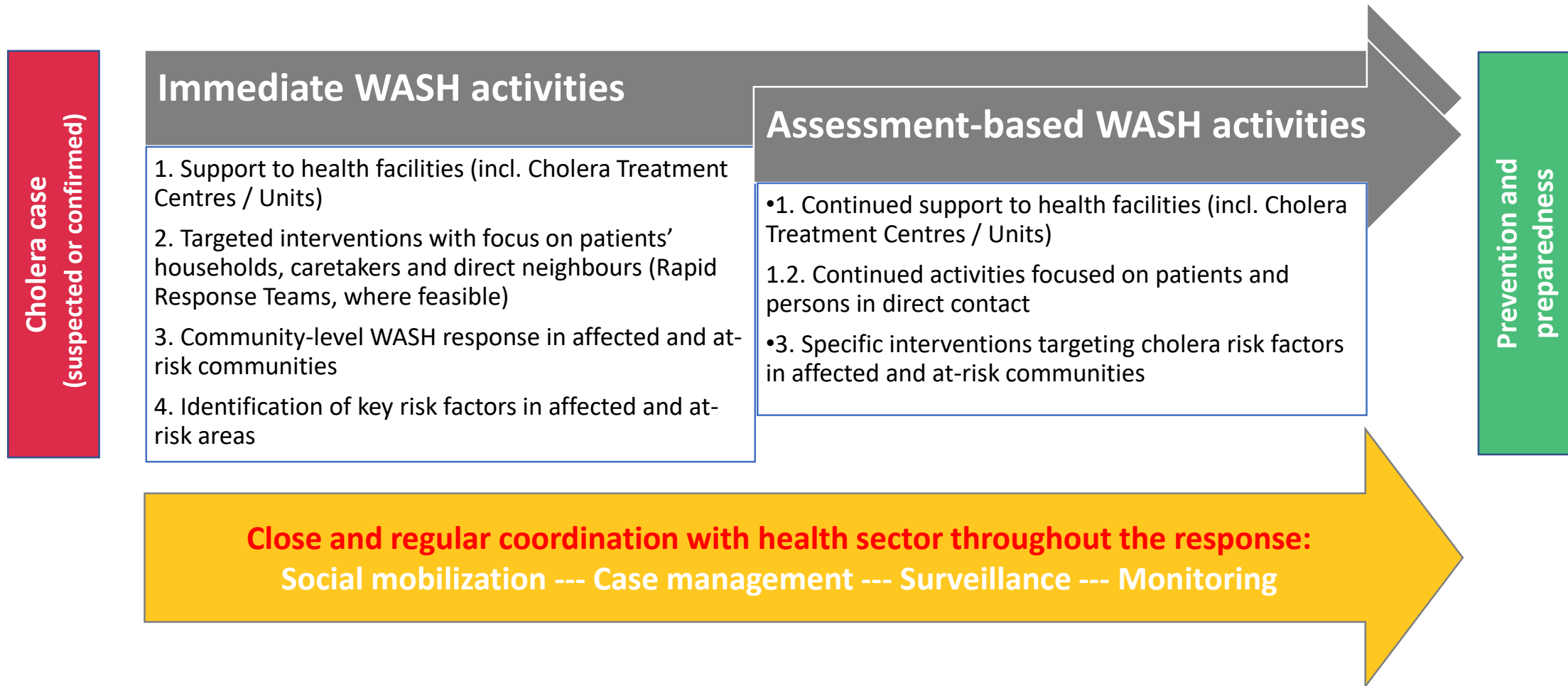
Note: Need for close collaboration and coordination with health sector (timely targeting of resources)

## **In endemic settings:**

- 1) A stepped approach for WASH in cholera endemic settings, incl. WASH field assessment
- 2) The use of a WASH outcome and action table to orient programming (interventions)
- 3) Process monitoring process at global level, and possibly mapping

Question: Coverage targets for basic / basic + WASH should be set at country level?

# WASH in Cholera Outbreaks



# Cholera Outbreak - Immediate WASH Activities

**In a cholera outbreak, a well coordinated rapid response of Health and WASH actors is as vital as continuous disease surveillance and regular implementation monitoring.**

## **1. Support to health facilities (incl. Cholera Treatment Centres / Units)**

- Provision of sufficient and reliable chlorinated water
- Establishment of separate latrines/toilets with hand-washing stations for patients and staff/caretakers
- Timely desludging of latrines, and safe disposal of excreta

*Note: below tasks are part of infection prevention and control; in some contexts, these may fall directly under the responsibility of the health facility management*

- Hand-washing stations at relevant points throughout the facility
- Supplies, materials, equipment and trained personnel for cleaning and disinfection, including safe management of excreta and vomit
- Supplies, materials, equipment and trained personnel for safe management of health care waste, as well as dead bodies

## **2. Targeted interventions with focus on patients' households, caretakers and direct neighbours**

**Provision of select supplies and materials** (i.e. soap, detergent, household water treatment means, water storage container, oral rehydration solution, hand-washing station, bleach for disinfection), and **social mobilization** around the dissemination of key messages on personal, environmental and food hygiene...

- ... by a Rapid Response Team that visits the home of the patient, direct neighbours and contact persons (*preferred*), or
- ... at the health facility

## **3. Community-level WASH response in affected and at-risk communities**

- **Water chlorination:** Bulk chlorination of community supplies or bucket chlorination where feasible; household level chlorination where appropriate and where bulk or bucket chlorination is not feasible
- **Social mobilization:** Community awareness raising in close collaboration with relevant authorities, utilizing key communication channels (i.e. social media, radio, posters, trusted community leaders/committees, health extension workers), and focusing on
  - ✓ Consumption of chlorinated water
  - ✓ Hand-washing with soap
  - ✓ Food hygiene
  - ✓ Funeral practices

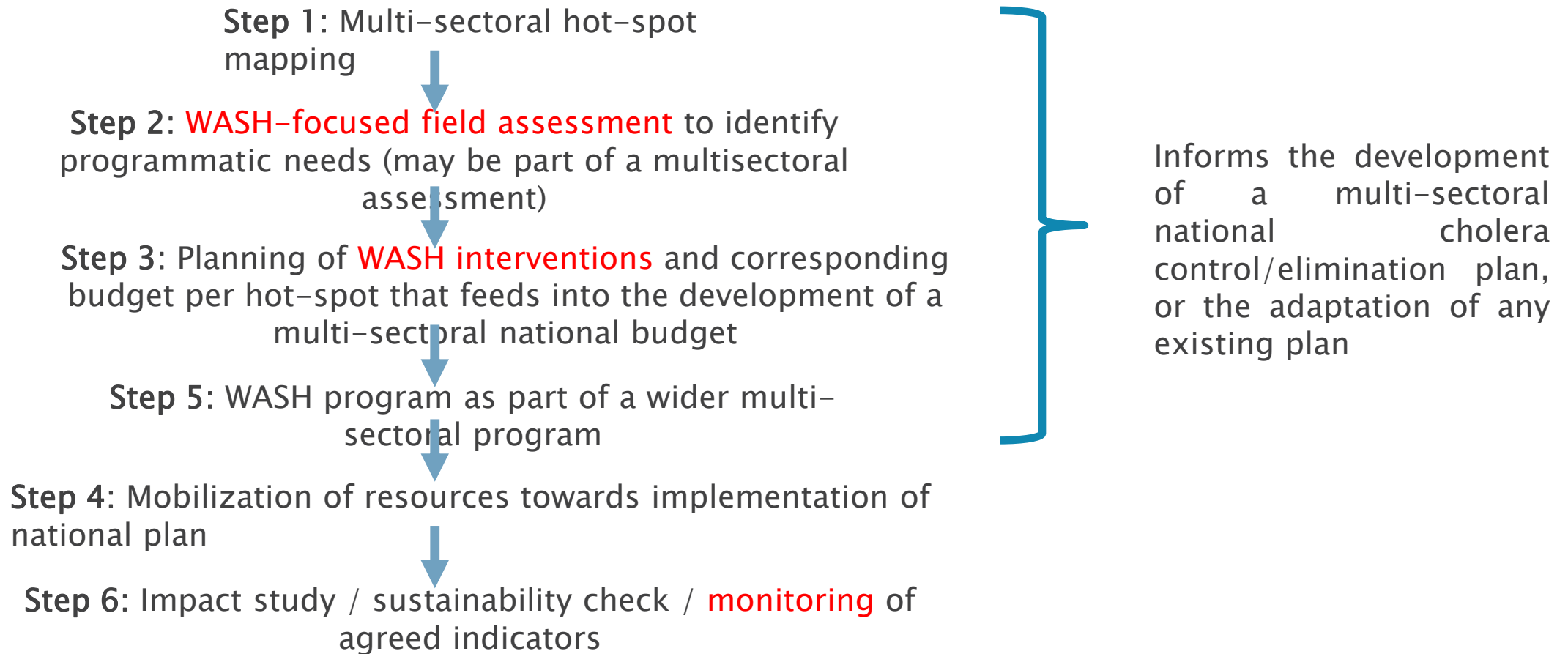
## **4. Identification of key risk factors in affected and at-risk areas**

*Note: Where Rapid Response Team is not active, the assessment team should include some response activities into their field mission*

Immediate multi-sectoral on-site assessment; WASH to focus on:

- Access to sufficient chlorinated water, status of infrastructure, and practices around safe water management
- Access to hygienic sanitary facilities, and practices around safe excreta disposal, including that of children
- Access to hand-washing facilities with soap and water, and hand-washing practice at critical times
- Safe food management in homes and public places (markets, restaurants, schools etc.)
- Safe burials, particularly practices that include direct contact with the deceased or their belongings

# STEPPED WASH APPROACH IN ENDEMIC CHOLERA SETTINGS



# FIELD ASSESSMENT IN HOT-SPOTS – WASH ASPECTS

## Where?

Hot-spots are often identified at admin 2 level which can represent large geographical areas. Where this is the case, specific locations for a WASH assessment should be determined with inputs from health specialists. An epidemiological analysis of previous cholera events will point to priority at-risk areas within a hot-spot for an in-depth WASH assessment.

## How?

- Field observations
- Focus group discussions
- Key informant interviews (relevant WASH, health and administrative authorities, communities, health workers)
- Technical assessment

## What?

### 1– Description of hot-spot characteristics

General data on characteristics (such as population, climate and seasons, environmental context, socio-economic situation including trade and migration, urban/rural areas, etc.) and epidemiology (who is affected by cholera where and when at admin 3 level)

### 2– Existing WASH context

Existing WASH coverage, and type and status of facilities  
Water Safety Plans (identification of potential contamination along the water delivery chain)

WASH behaviour: practices and attitudes

On-going and planned WASH projects

### 3– Technical gaps, costs, and priorities

Technical needs assessment in communities and health facilities

Quick technical feasibility check

Costs / budget for identified needs

Hot-spot investment plan / budget for WASH interventions

Identification of people most in need (where, who, how many)

### 4– Enabling environment

























































Stakeholder analysis

# WASH OUTCOMES FOR HOT-SPOTS

- 1) Safe drinking water
- 2) Safe food hygiene
- 3) Exclusive breastfeeding of infants
- 4) Excreta-free environment / safe disposal of feces
- 5) Hand-washing with soap
- 6) Environmental hygiene in markets and other public places
- 7) Local enabling environment for WASH conducive for sustainability, impact and resilience



# PROCESS MONITORING TABLE - SAMPLE

	National strategic plan	Hotspot mapping	Field investigation	Intervention planning & budgeting	Resource mobilization	Sustainable intervention	Monitoring / Impact study
		Step 1	Step 2	Step 3	Step 4	Step 5	Step 6
Benin							
Burkina Faso							
Cabo Verde*							
Cameroon							
Central African							
Chad							
Congo							
Congo (RD)							
Cote d'Ivoire*	